STIC-ILL

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From: STIC-Biotech/ChemLib
Sent: Wednesday, August 20, 2003 3:23 PM
To: STIC-ILL
Subject: FW: 10/071,849

-----Original Message-----
From: Khare, Devesh
Sent: Wednesday, August 20, 2003 3:17 PM
T : STIC-Biotech/ChemLib
Subject: 10/071,849

Please provide the copies of the followings:

1. TITLE: Treatment of accelerated phase of Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML AP) with imatinib mesylate (STI571.
AUTHOR(S): Kantarjian, Hagop M. (1); O'Brien, Susan (1); Cortes, Jorge (1); Faderl, Stefan (1); Giles, Francis (1); Thomas, Deborah (1); Garcia-Manero, Guillermo (1); Albitar, Maher; Rios, Mary Beth (1); Shan, Jenny (1); Issa, Jean-Pierre (1); Resta, Debra; Capdeville, Renaud; Keating, Michael J. (1); Freireich, Emil J. (1); Talpaz, Moshe
CORPORATE SOURCE: (1) Leukemia, University of Texas M.D. Anderson Cancer Center, Houston, TX USA
SOURCE: Blood, (November 16, 2001) Vol. 98, No. 11 Part 1, pp. 141a. http://www.bloodjournal.org/. print.
Meeting Info.: 43rd Annual Meeting of the American Society of Hematology, Part 1 Orlando, Florida, USA December 07-11, 2001
ISSN: 0006-4971.
DOCUMENT TYPE: Conference
LANGUAGE: English

2.TREATMENT OF THE RESISTANT PHASE OF CHRONIC MYELOGENOUS LEUKEMIA WITH 5 AZA CYTIDINE AND VP-16-213 VEPESIDE.
AU SCHIFFER C A; DIBELLIS R; KASDORF H; WIERNIK P H
CS NCI-PAHO COLLAB. CANCER TREATMENT RES. PROG., BALTIMORE, MD. 21201, USA.
SO 71ST ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR CANCER RESEARCH, SAN DIEGO, CALIF., USA, MAY 28-31, 1980. PROC AM ASSOC CANCER RES AM SOC CLIN ONCOL. (1980) 21 (0), 163.
CODEN: PAAOD8.
DT Conference
FS BR; OLD
LA English

3. 5-Azacytidine. A new anticancer drug with effectiveness in acute myelogenous leukemia.
AU Von Hoff D D; Slavik M; Muggia F M
SO ANNALS OF INTERNAL MEDICINE, (1976 Aug) 85 (2) 237-45. Ref: 73
Journal code: 0372351. ISSN: 0003-4819.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
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STIC-ILL 460796 NPL MIC RII A84

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NO

STIC-ILL

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STITIAL PHOTORADIATION
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60 families in the U.S. and Canada. Data were obtained from a self-administered mailed medical history questionnaire, death certificates, and medical records. Cancers were classified by reported site and histology. Preliminary analysis revealed no significant differences between carriers and controls in cancer sites or histologies reported. Both groups were found to have female genital tumors, breast tumors, and digestive tumors as the reported sites, and the predominant histology was carcinoma. Overall prevalence of cancer was 7.7% (16/208) among carriers and 6.0% (24/398) among controls. Cancer occurred among carriers at a younger mean age (53.1 years) than among controls (61.9 years), but overall this difference was not significant (p=.112). Lifetime survival for carriers was, however, significantly reduced when compared to controls (p=.043). Removal of the cancer patients from both groups reduced the differences to a non-significant level (p=.140). Mean survival post-cancer diagnosis was the same for both groups: 4.9 years for carriers and 5.0 years for controls. These data suggest that carriers of the WAS trait may not have an overall increased risk for the development of malignancy, but they may develop cancer at an earlier than expected age which may contribute to a reduced life expectancy.

Supported by NIH grant CA 18083 and contract CP 43384.

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TREATMENT OF THE RESISTANT PHASE OF CHRONIC MYELOGENOUS LEUKEMIA (CML) WITH 5-AZACYTIDINE AND VP16-213. Charles A. Schiffer, Roberto DiBellis, Helmut Kasdorf and Peter H. Wiernik. NCI-PAHO Collab. Cancer Treatment Res. Prog., Balto. Cancer Res. Prog., Balto., MD 21201 and Hospital Dr. Manuel Quintela, Montevideo, Uruguay.

Both 5-Azacytidine and the podophyllotoxin VP16-213 have shown some activity against resistant phase CML as single agents and were therefore tested in combination. Induction therapy consisted of a maximum of three 5-day courses of 5-Azacytidine (150 mg/m^2 IV in 3 divided doses) and VP16-213, 75 mg/m^2 IV/day. 19 pts (13M,6F;med age 36, range 19-65) have been treated to date of whom 17 have completed therapy and are evaluable. No pt. had "lymphoid" histology and terminal transferase was not present in the blasts of 8 pts. tested. Prompt antileukemic effect was seen in 16/17 pts. with 1 CR and 11 pts. had significant cytoreduction and hematopoietic improvement. Responses were of short duration however and the overall median survival was 2 months. 4 pts. are alive between 4+ and 7+ months. Myelosuppression, moderately severe nausea and vomiting, muscle aches and severe mucositis in 2 pts. were the major side effects. Toxicities tended to decrease with subsequent courses and some pts. could be treated on an outpatient basis. Although the combination of 5-Azacytidine and VP16-213 has activity in CML in blast crisis, responses have been of short duration, similar to results achieved with other agents in this refractory disorder.